



Department of Housing



**The State of Connecticut  
Department of Housing**

**Request for Proposals**

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**Housing Counseling Services**

**Deadline For Submission: December 12, 2013**

# **REQUEST FOR PROPOSALS**

## **Housing Counseling Services**

### **I. STATEMENT OF OBJECTIVES**

Pursuant to this Request for Proposals (RFP), the State of Connecticut, Department of Housing (DOH) is seeking proposals from non-profit organizations to provide free housing counseling services to persons or families on a statewide basis to avoid preventable foreclosures and ameliorate the effects of the foreclosure crises on persons or families at risk of losing their primary residence to a foreclosure action.

Funding for the services DOH intends to provide in connection with this RFP is pursuant to the national foreclosure settlement and related Consent Judgments entered by the U.S. District Court of the District of Columbia in *United States, et al v. Bank of America, et al*, Docket No. 1:12-cv-0000361-RMC, in settlement of claims against five national loan servicers for alleged misconduct related to their servicing of single family residential mortgages and related foreclosure practices.

### **II. SCOPE OF SERVICES**

Respondent(s) to this RFP must propose to provide at least 10 housing counselors for not less than a three year period beginning in early 2014 to provide free foreclosure prevention and related housing counseling services on a statewide basis. Services must be made available on a bi-lingual (English and Spanish) basis. Provision of these services in additional languages is desirable.

### **III. AWARD CRITERIA**

All proposals will be evaluated using the following criteria:

1. Experience and Capacity (40%) – Provide an overview of the respondent and the qualifications of staff providing the scope of services, including resumes if appropriate. Identify the number of new staff hires that will be made in the event funding is awarded under this RFP, if any, and the engagement of any subcontractors. Identify similar services provided by the respondent and its subcontractors, if any, and describe how that experience directly increases the capacity of the respondent to undertake this project. Indicate clearly the languages in which the respondent can provide foreclosure prevention and related housing counseling services. Please note that housing counseling agencies must be a HUD-approved counseling agency that has adopted the National Industry Standards for Homeownership Education and Counseling. To the extent that any services are proposed to be provided by a subcontractor, provide all of the same information for each subcontractor.
2. Marketing of Service Availability (15%) – Provide a description of the statewide marketing plan intended to notify potential clients of the availability of the scope of services. Identify the source of funds to be used to provide this marketing, and an estimated cost for such marketing.
3. Timeliness to Initiate Service Provision (15%) – Provide a project plan with timelines showing when the respondent will begin providing the services. Include timelines relative to new hiring including anticipated posting of position availability, interviewing and initial hiring date(s).
4. Budget (20%) – Provide a line item budget showing the cost of performing the scope of services and all sources for all necessary funding, including the funding under this RFP. A contract entered into in connection with this RFP, if any, will be a fixed cost contract.

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Not more than \$2,130,000 is available to fund the scope of services. A Proposed Budget form is attached and must be submitted with the response.

5. Training (5%) – Provide a description, including a timetable, for training of new hire(s), if any, as well as existing staff training programs, necessary to provide the required services.
6. Minority/Women Owned Business (5%) – DOH encourages all entities to make a good faith effort to hire and/or utilize veterans, minority- and women-owned businesses. Indicate what efforts the respondent will make in this area relative to any new hires or in the selection of subcontractors.

#### **IV. EVALUATION PROCESS**

A screening committee consisting of DOH staff will review all proposals. If at least three qualified proposals are received, the screening committee will evaluate the proposals based on the weighted award criteria described above and submit its evaluation to the Commissioner. The Commissioner shall decide which contractor(s) DOH will seek to negotiate with and ultimately fund.

#### **V. PROPOSAL FORMAT**

Proposals should be submitted as follows:

1. One (1) complete original clearly marked “**ORIGINAL**”, with all required materials having original signatures, where applicable;
2. One (1) copy, with all required materials; and
3. All materials must be bound (3 ring binders, etc.) and tabbed by section and placed in the same order as they are referenced in the proposal. Each tabbed section must include all relevant materials for that section, including proposal materials.

#### **VI. INSTRUCTIONS**

1. Completed proposals and all materials must be hand delivered or mailed via a nationally-recognized overnight carrier to: Maritza Delgadillo, DOH, 505 Hudson Street, Hartford, CT 06106-7106. **All proposals must be received at DOH on or before 4:00 p.m. on December 12, 2013.**
2. Any proposal received after the established deadline will not be considered.
3. All responses to this **RFP** must conform to these instructions. Failure to conform may be considered appropriate cause for rejection of the response.
4. An individual authorized to act on behalf of the respondent must submit the proposal. The proposal must also provide the name, title, address and telephone number for individuals authorized to negotiate and contractually bind the organization, and for those who may be contacted for the purpose of clarifying the information provided in the proposal. This information should also be included in the transmittal letter.

#### **VII. QUESTIONS**

All questions related to this RFP should be submitted to Dominic Carew by e-mail at [dominic.carew@ct.gov](mailto:dominic.carew@ct.gov) no later than noon (EST) on Monday, November 25, 2013. Each

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question should begin by referencing the RFP page number and section number to which it relates. Answers to all pertinent questions received by the deadline above will be posted on DOH's website on a rolling basis at [www.ct.gov/doh](http://www.ct.gov/doh).

### **VIII. REVISIONS TO THE RFP**

Only written modifications to this RFP issued in the form of one or more addenda will be considered to be alterations to this RFP. Oral comments are not binding. An Addendum may be issued by DOH for any revisions, modifications, clarifications or alterations to the RFP.

### **IX. ERRORS**

If a respondent discovers an error after submitting its response, but prior to the response submission deadline, the respondent may request that the response be withdrawn. This request must be submitted in writing and signed by an officer or authorized representative of the firm. If the request is approved, the respondent may submit a revised response as long as it is received prior to the response submission deadline.

No alterations or corrections to the responses are permitted after the responses are opened. If an error is discovered after the response opening but before contract award, the respondent may request that its response be withdrawn. An officer or authorized representative of the firm must submit this request in writing. The decision to permit withdrawal of the response will be at the discretion of the Commissioner.

### **X. SUBCONTRACTING OR ASSIGNMENT**

In the event a respondent proposes to subcontract for some or all of the services to be performed under the terms of the contract award, it shall state so in its proposal and attach for approval a list of said subcontractors and an itemization of the products and/or services to be supplied by them. Nothing contained in the specifications shall be construed as creating any contractual relationship between any such subcontractor and DOH.

Except as expressly proposed by a respondent in its proposal, the agreement to be entered into between the respondent selected under this RFP, if any, and DOH, may not be subcontracted or assigned by the respondent, in whole or in part, without the prior written consent of DOH. Such consent, if granted, shall not relieve the respondent its responsibilities under the contract, except as otherwise expressly provided therein.

### **XI. RIGHT TO INSPECT FACILITIES AND RECORDS**

DOH reserves the right to inspect the respondent's establishment before making an award, for the purposes of ascertaining whether the respondent has the capacity to perform the scope of services. DOH may request references during the evaluation, and such references may be contacted to assist DOH in making a contract award that is most advantageous to DOH.

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**XII. CONDITIONS**

Any prospective contractor must be willing to adhere to the following conditions and must positively certify to adhere to them in its proposal:

1. **Acceptances or Rejection by DOH.** DOH reserves the right to accept or reject any or all proposals submitted for consideration under this RFP for any reason or for no reason.
2. **Conformance with Statutes.** Any contract awarded as a result of this RFP must be in full conformance with all state and federal statutory requirements.
3. **Ownership of Proposals.** Following the execution of one or more contracts in connection with this RFP, proposals will be available for review upon request. All proposals submitted in response to this RFP will be the sole property of DOH and subject to the provisions of Connecticut's Freedom of Information Act, CGS §1-200 et seq.
4. **Ownership of Subsequent Products.** Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP will be sole property of DOH unless stated otherwise in the contract.
5. **Timing and Sequence.** Timing and sequence of events resulting from this RFP will ultimately be determined by DOH.
6. **Stability of Proposed Prices.** Any price offerings must be valid for a period of 120 days from the due date of the proposals.
7. **Oral Agreements.** No contract, unless it shall be in writing, executed by an authorized representative of DOH and all other necessary parties thereto, following the obtaining of all necessary approvals and in accordance with all applicable law, shall be binding on DOH. No oral agreement or arrangement made with DOH or any DOH employee shall be binding on DOH.
8. **Amending or Canceling Requests.** DOH reserves the right to amend or cancel this RFP for any reason or for no reason.
9. **Rejection for Default or Misrepresentation.** DOH reserves the right to reject any proposal if any proposed subcontractor is in the default of any prior contract with the state or for any misrepresentation.
10. **State's Clerical Errors in Awards.** DOH reserves the right to correct inaccurate awards resulting from its clerical errors.
11. **Rejection of Qualified Proposals.** Proposals are subject to rejection in whole or in part if they limit or modify any of the terms, conditions and/or specifications of this RFP.
12. **Presentation of Supporting Evidence.** Any respondent, if requested, must be prepared to present evidence of experience, ability, service capacity, and financial standing.
13. **Changes to Proposal.** Except as otherwise permitted by DOH, no additions or changes to a proposal will be allowed after submittal.
14. **Collusion.** By responding, the respondent implicitly states that its proposal is not made in connection with any competing respondent submitting a separate response to this RFP, and is in all respects fair and without collusion or fraud. It is further implied that the respondent did not participate in the RFP development process, had no knowledge of the specific contents of the RFP prior to its issuance, and that no employee of DOH participated directly or indirectly in the respondent's proposal preparation.
15. **EEO-4 Form.** The proposal shall include a copy of the company's latest EEO-4 report as well as a copy the respondent's equal employment policy statement.

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**XIII. CONFLICT OF DOCUMENTS**

Should any of the terms of any documents connected to the offer, acceptance, supply of goods, performance of services, and/or any verbal representations be in conflict with this RFP, the terms of the RFP shall supersede all other documents and/or verbal representations. The only exception would be if DOH amends this RFP.

**XIV. SEVERABILITY**

The invalidity of any portion of this RFP will not and shall not be deemed to affect the validity of any other provision. In the event that any provision of this RFP is held to be invalid, the parties agree that the remaining provisions shall be deemed to be in full force and effect as if they had been executed by both parties subsequent to the expungement of the invalid provision.

**XV. RIGHTS RESERVED BY THE STATE**

DOH reserves the right to modify or waive any requirement, condition or other term set forth in this RFP, to request additional information at any time from one or more respondents, to select any number of proposals submitted in response to the RFP or to reject any or all such proposals.

**XVI. NOTIFICATION OF AWARD**

The selected respondent(s), if any, will receive a Notice of Award. The Notice may contain certain contingency requirements that must be satisfied within a designated time frame. Failure to comply with all provisions of the Notice of Award will disqualify that respondent and the award may be directed to another respondent. A Notice of Award does not constitute, and may not be deemed to constitute, a legally binding contract.

**XVII. PRICE AND PAYMENT**

1. Unless otherwise noted by DOH, all salaries and other budgetary information quoted in a respondent's proposal shall be firm through full execution of a contract and shall not be subject to increase during the period of such contract, unless agreed upon by both parties in writing.
2. As this is a fixed cost proposal, payment will be made in the form of quarterly advances based upon anticipated expenditures as requested by the respondent. DOH will pay for goods and services actually provided, as verified by periodic financial statements, and programmatic reports and updates.

[RFP Continues on Following Page]

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**RESPONDENT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

FEIN No: \_\_\_\_\_ State Sales Tax No: \_\_\_\_\_

If you are using a **THIRD PARTY** to write this proposal, please provide the following information for such third party:

Consultant/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

**NARRATIVE DESCRIPTION OF SERVICES TO BE PROVIDED**

- 2.1. Provide up to a three -page description of the respondent's proposed approach to perform the scope of services. **See Section II Award Criteria, Item 6. Attach as Exhibit 2.1.**

**QUALIFICATIONS AND CAPACITY**

- 3.1. Describe the nature of your organization, staffing and overall qualifications to perform the scope of services. **Provide the same information for each proposed subcontractor. See Section III Award Criteria, Item 1. Attach as Exhibit 3.1.**
- 3.2. Identify any past experience your organization (and each of your subcontractors, if any) has in providing the scope of services, including a description of the service, timeframe in which the services were completed, special skills associated with providing this service and any other relevant information. **See Section III Award Criteria, Item 1. Attach as Exhibit 3.2.**
- 3.3. Provide a description of the statewide marketing plan intended to notify potential clients of the availability of the housing counseling services to be provided in connection with this RFP. **See Section III Award Criteria, Item 2. Attach as Exhibit 3.3.**
- 3.4. Please provide a signed copy of CHRO "Notification to Responders" form and information addressing (a) through (e) on the form. **Attach as Exhibit 3.4.**
- 3.5. Please provide a copy of your Equal Employment Opportunity Policy Statement. **Attach as Exhibit 3.5.**
- 3.6. Please attach the last three years' audited financial statements (include notes and projections). If audited statements do not exist, attach last three years' federal tax returns. **Attach as Exhibit 3.6.**
- 3.7. Please attach certificate(s) of insurance showing the current coverage. **Attach as Exhibit 3.7.**
- 3.8. **Is the respondent, any principal, any affiliate or any subcontractor a defendant in any litigation?** If yes, indicate the nature and status of the litigation. **Attach as Exhibit 3.8.**
- 3.9. **Within the past three years, have your organization or any current or past employees, officers, subcontractors or agents of your organization, been the**

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- subject of, or subject to, any civil, criminal or administrative investigation of any type by any governmental agency? If yes, describe fully the investigation, its subject(s), the manner in which it has proceeded and its current status to the best of your knowledge and belief. **Attach as Exhibit 3.9.**
- 3.10. **Within the past three years, have your organization or any current or past employees, officers, subcontractors or agents of your organization, been the subject of, or subject to, any civil, criminal or administrative subpoenas, search or warrant processes, or other types of document demands or requests by any governmental agency?** If yes, describe the subpoenas, warrants or demands or requests in detail including, their subject(s), the manner in which they have proceeded and their current status to the best of your knowledge and belief. **Attach as Exhibit 3.10.**
- 3.11. **Are you aware of any evidence of misconduct within the past three years by any officer, director or employee of your organization, any subcontractor or any officer, director or employee of any subcontractor, in each case in connection with any duties connected or associated with mortgage relief, mortgage counseling, mortgage assistance, or other housing-related programs or efforts?** If yes, describe in detail, including all corrective measures taken. **Attach as Exhibit 3.11.**
- 3.12. **Within the past three years, has any governmental agency or governmental or private auditor questioned or criticized the adequacy or nature of your organization's financial and accounting controls over any aspect of your programs or activities or, to your knowledge, such financial and accounting controls of any subcontractor?** If yes, describe in detail, including all corrective measures taken. **Attach as Exhibit 3.12.**

### TIMELINESS TO COMPLETE WORK

- 4.1 Please indicate timeframes expected to initiate the provision of services as well as when any necessary hiring will be initiated and when the project will be fully staffed. **See Section III Award Criteria, Item 3. Attach statement as Exhibit 4.1.**
- 4.2 Provide a description, including a timetable, for training of new hire(s), if any, as well as existing staff training programs, necessary to provide the required services. **See Section III Award Criteria, Item 5. Attach as Exhibit 4.2.**

### PROPOSED BUDGET

- 5.1 As this is a fixed cost contract, the budget should be based on a three-year contract with full expenditure during that time. Identify the source of funds to be used to provide statewide marketing, and an estimated cost for such marketing. **See Section III Award Criteria, Item 4. Attach fixed budget for the three year period as Exhibit 5.1.**

### MINORITY/WOMEN OWNED BUSINESS

- 6.1 Please indicate if your organization is a minority, women or veteran owned business by completing Exhibit B, if applicable. Note: DOH encourages all entities to make a good faith effort to utilize small, minority, women and veteran owned businesses. **See Section III Award Criteria, Item 7. Attach completed form as Exhibit 6.1.**
- 6.2 Please attach the respondent's equal employment policy statement as **Exhibit 6.2.**



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**SUBCONTRACTOR CERTIFICATION FORM**

- 7.1** Please complete the Subcontractor Certification form, Exhibit C, if applicable. **Attach statement as Exhibit 7.1.**

**RESPONDENT CERTIFICATION**

It is hereby represented by the respondent (undersigned) as an inducement to DOH to consider the proposal, that to the best of my knowledge and belief, no information or data contained in the proposal or in the attachments are in any way false or incorrect, and that no material information has been omitted, including the financial statements. The respondent (undersigned) agrees that banks, credit agencies, the Connecticut Department of Labor, the Connecticut Department of Revenue Services, and other references are hereby authorized now, or any time in the future, to give DOH any and all information in connection with matters referred to in this proposal.

Certifying Representative:

1. Type Name and Title: \_\_\_\_\_
2. Signature: \_\_\_\_\_
3. Date: \_\_\_\_\_

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**EXHIBIT B (3.4)**

**NOTIFICATION TO RESPONDERS**

The contract to be awarded is subject to contract compliance requirements mandated by Sections 4a-60 and 4a-60a of the Connecticut General Statutes; and, when the awarding agency is the State, Sections 46a-71(d) and 46a-81i(d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 46a-68j-21 through 43 of the Regulations of Connecticut State Agencies, which establish a procedure for awarding all contracts covered by Sections 4a-60 and 46a-71(d) of the Connecticut General Statutes.

According to Section 46a-68j-30(9) of the Contract Compliance Regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to “aggressively solicit the participation of legitimate minority business enterprises as responders, contractors, subcontractors and suppliers of materials.” “Minority business enterprise” is defined in Section 4a-60 of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets belong to a person or persons: “(1) Who are active in daily affairs of the enterprise; (2) who have the power to direct the management and policies of the enterprise; and (3) who are members of a minority, as such term is defined in subsection (a) of Section 32-9n.” “Minority” groups are defined in Section 32-9n of the Connecticut General Statutes as “(1) Black Americans . . . (2) Hispanic Americans . . . (3) persons who have origins in the Iberian Peninsula . . . (4) Women . . . (5) Asian Pacific Americans and Pacific Islanders; (6) American Indians . . .” An individual with a disability is also a minority business enterprise as provided by Section 32-9e of the Connecticut General Statutes. The above definitions apply to the contract compliance requirements by virtue of Section 46a-68j-21(11) of the Contract Compliance Regulations.

The awarding agency will consider the following factors when reviewing the responder’s qualifications under the contract compliance requirements:

- (a) The responder’s success in implementing an affirmative action plan;
- (b) The responder’s success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-17 of the Connecticut General Statutes, inclusive;
- (c) The responder’s promise to develop and implement a successful affirmative action plan;
- (d) The responder’s submission of employment statistics contained in the “Employment Information Form”, indicating that the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce in the relevant labor market area; and
- (e) The responder’s promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 46a-68j-30(10)(E) of the Contract Compliance Regulations.

[Notification to Responders Continues on Next Page]

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The undersigned acknowledges receiving and reading a copy of the "Notification to Responder's form.

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**\* INSTRUCTION: responder must sign acknowledgement below, and return acknowledgment to DOH along with response proposal.**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

On behalf of:

\_\_\_\_\_

RFP Name: \_\_\_\_\_

\_\_\_\_\_

**CERTIFICATE OF CORPORATION**

I, \_\_\_\_\_ certify that I am the Secretary of the Corporation named in the foregoing instrument; that I have been duly authorized to affix the seal of the Corporation to such papers as require the seal; that \_\_\_\_\_, who signed said instrument on behalf of the Corporation was then \_\_\_\_\_ of said Corporation; that said instrument was duly signed for and in behalf of said Corporation by authority of its governing body and is within the scope of its Corporation powers.

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**EXHIBIT B (6.1)**

**MINORITY/WOMEN/VETERAN-OWNED BUSINESS CERTIFICATION**

Complete Legal Name of Business: \_\_\_\_\_

Headquarters

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Does your firm meet the following definition of a minority business enterprise (MBE)?**

☐ YES

☐ NO

**A minority business enterprise (MBE) is defined as:** A small business with at least 51% ownership by one or more minority person(s)\* who exercise operational authority over the daily affairs of the business, has the power to direct the management, policies and receives beneficial interests of the business.

\* Who is considered a minority? A person(s) who is Black, Hispanic, Asian, American Indian, has origins in the Iberian Peninsula, a woman, and an individual with a disability according to the Americans with Disabilities Act - see program information for more detail.

Date Business was first established: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total Number of employees \_\_\_\_\_

Type of Business (**Check only one**)

\_\_\_ Sole Proprietorship

Date Established \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_ General Partnership

Date of Partnership \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_ Limited Liability Partnership

Date of Partnership \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_ Corporation

Date of Incorporation \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_ Limited Liability Company (LLC)

Date of LLC \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of years company has been owned and managed by present owner: \_\_\_\_\_

Identify the Principal(s) and/or Officer(s) of the company:

**Name(s) of Present Principals/Titles**

**% of Ownership**

_____	/	_____
_____	/	_____
_____	/	_____
_____	/	_____

_____
_____
_____
_____

Please identify the category under which certification of your business enterprise is minority owned, woman-owned, veteran-owned or owned by a person(s) with a disability. Select one or more of the following categories:

A minority is a person who is a citizen or lawful permanent resident of the United States and who is included in one of the following categories:

<b><u>Minority Category</u></b>	<b><u>Gender</u></b>	<b><u>% of Ownership</u></b>
<input type="checkbox"/> Black American	M / F	<input type="text"/> %
<input type="checkbox"/> Hispanic American	M / F	<input type="text"/> %
<input type="checkbox"/> Iberian Peninsula	M / F	<input type="text"/> %
<input type="checkbox"/> Asian American	M / F	<input type="text"/> %
<input type="checkbox"/> American Indians	M / F	<input type="text"/> %
<input type="checkbox"/> Individual w/ a disability	M / F	<input type="text"/> %
<input type="checkbox"/> Woman (circle below)	M / F	<input type="text"/> %
<input type="checkbox"/> Veteran (circle below)	M / F	<input type="text"/> %

*White > Black > Hispanic > Iberian Peninsula > Asian > American Indian*

“The undersigned swears the forgoing statements are true and correct and including all material information necessary to identify and explain the operations of \_\_\_\_\_ as well as the ownership thereof.”

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Corporate Seal (where appropriate)**

**REQUEST FOR PROPOSALSS**  
**Investigative Research**

**EXHIBIT C (7.1)**

**SUBCONTRACTOR CERTIFICATION**

It is hereby represented by the Subcontractor (undersigned) as an inducement to the Department of Economic and Community Development to consider the participation as requested herein, that to the best of my knowledge and belief, no information or data contained in the application or in the attachments are in any way false or incorrect, and that no material information has been omitted, including the financial statements. It is also hereby stated that the undersigned will comply with all program requirements for any approved activity and that the organization and its principals are not suspended or debarred as defined in 24 CFR part 5 Subpart A of the Code of Federal Regulations. The undersigned agrees that banks, credit agencies, the Connecticut Department of Labor, the Connecticut Department of Revenue Services, the Connecticut Department of Environmental Protection, and other references are hereby authorized now, or any time in the future, to give the Department of Economic and Community Development any and all information in connection with matters referred to in this response.

Certifying Representative

Type Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_